

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69007	10/5/99
O.I.P.E. CLASSIFIER		5	10-7-99
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/20/99
2	✓	✓	10/20/99
3	✓	✓	10/20/99
4	✓	✓	10/20/99
5	✓	✓	10/20/99
6	✓	✓	10/20/99
7	✓	✓	10/20/99
8	✓	✓	10/20/99
9	✓	✓	10/20/99
10	✓	✓	10/20/99
11	✓	✓	10/20/99
12	✓	✓	10/20/99
13	✓	✓	10/20/99
14	✓	✓	10/20/99
15	✓	✓	10/20/99
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43	✓	✓	10/20/99
44	✓	✓	10/20/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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